11847

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
LENGTH OF STAY (in this place) 98 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) R. (Last) Bowser.

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Aug 12-1854

9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: C

11. BIRTHPLACE (State or foreign country): Baltimore City Baltimore Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Bawley Bowser.

14. MOTHER'S MAIDEN NAME: Mary Ann Baggs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Beatrice Waters Upper Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2

Immediate cause (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: Sucrose Mandlin

DUE TO

Antecedent cause(s) (b) Senility

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE Thos. M Whaley (DEGREE OR TITLE) M.D. ADDRESS Princess Anne DATE SIGNED 10/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Bur

DATE THEREOF Oct 16-1952

NAME OF CEMETERY OR CREMATORY Upper Hill

LOCATION (City, town, or county) Upper Hill Somerset Co (State) Md

DATE REC'D BY LOCAL REG. 10/14/52

REGISTRAR'S SIGNATURE R. H. Johnson M.D.

24. FUNERAL DIRECTOR Charles H'ward Marion ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
OCT 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11848

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Crisfield
LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Marion Station
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) ELROY (Middle) (Last) COLLINS

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	colored	married	April 17, 1914	38 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm laborer	Farming	Crisfield, Md.	USA

13. FATHER'S NAME: James Harrison Collins

14. MOTHER'S MAIDEN NAME: Virgie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rural James Harrison Collins-Marion Station, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 14 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — Interval Between Onset and Death: Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27 1952 to Oct 13 1952 that I last saw the deceased alive on Oct 13, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE: A. N. Barr (DEGREE OR TITLE) M.D. ADDRESS: 530 main st. Crisfield, md. DATE SIGNED: 10/13/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Oct. 15 1952	Lawsonia Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-14-52	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield

RECEIVED
OCT 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11849

CERTIFICATE OF DEATH

Reg. Dist. No. 26.5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Paper St.

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) E. (Last) COLLINS

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	colored	widowed	Sept. 15, 1879	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Ind.
11. BIRTHPLACE (State or foreign country): Fairmount, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Tubman Hall
14. MOTHER'S MAIDEN NAME: Mary Catherine Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Al Collins--Paper St.--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4424 Immediate cause	(a) Uremia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive nephrosclerosis	5 years.
(6270)	DUE TO (c) Essential hypertension	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Tertiary syphilis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 19 52, to 10/31, 19 52, that I last saw the deceased alive on 10/30, 19 52, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

SIGNATURE Robert F. Lewis (DEGREE OR TITLE) M.D ADDRESS Crisfield, Md. DATE SIGNED 10/31/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Nov. 3, 1952	Lawsonia Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG. 11 | 3 | 52
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield

RECEIVED
NOV 6 1952
BUREAU V. S.

11850

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R,F,D,3
LENGTH OF STAY (in this place) 82 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Rural 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) Elizabeth (Last) Dennis

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 4 1952

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 4-15-1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Jones
14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Alonzo Jones Princess Anne, Md R.F.D.3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	2 weeks
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension	4 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Age

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10 1950, to Oct 4th, 1952, that I last saw the deceased alive on Oct 4th, 1952, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

SIGNATURE Eldon G. Markoman (DEGREE OR TITLE) ADDRESS Prin Anne Md DATE SIGNED Oct. 6 '52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF Oct.9,1952
NAME OF CEMETERY OR CREMATORY Polk Road cemetery
LOCATION (City, town, or county) (State) near Princess Anne, Md
DATE REC'D BY LOCAL REG. 10/7/52
REGISTRAR'S SIGNATURE R.S. Johnson M.D.
24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Maryland

13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
OCT 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11851

Medical Examiner

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

COUNTY Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover

LENGTH OF STAY (in this place): 48 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Joseph Dunn	Oct. 6 19 52	male	white	divorced	Jan. 4, 1873	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Labor - farm	Labor	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas E. Dunn	Coady Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	no	Mr. Russel Dunn Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Died when found by son

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on Oct 6, 1952, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE R.E. Johnson M.D. (DEGREE OR TITLE) Assistant Medical Examiner ADDRESS DATE SIGNED October 8-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-8-1952	St. Andrew Cemetery	Princess Anne, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/8/52	R.E. Johnson, M.D.	Leon R. Wilson	Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
OCT 29 1952
BUREAU OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince William St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Prince William St.

3. NAME OF DECEASED (Type or Print) (First) Loretta (Middle) Grace (Last) Hawk
4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 15 1857
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dallas Center Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Lorenzo Hall
14. MOTHER'S MAIDEN NAME Emily Albin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS James Lauchner Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Herpes Zoster — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

088X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis pyelonephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19, 1952, to 10-10, 1952 that I last saw the deceased alive on 9-30, 1952 and that death occurred at 11 51 A m., from the causes and on the date stated above.

SIGNATURE Geo M Blum (Degree or title) M.D. ADDRESS Princess Anne Md DATE SIGNED 10-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/12/52
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town, or county) Princess Anne (State) Md.

DATE REC'D BY LOCAL REG. 10/11/52
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR James Hinman ADDRESS Princess Anne Md.

OCT 16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 3-54

1. PLACE OF DEATH:
COUNTY Somerset County MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Marion Sta. Md. LENGTH OF STAY (in this place) Life Time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Somerset COUNTY County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Sta. Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Shockley (Middle) S (Last) Horsey

4. DATE OF DEATH: (Month) 24 Oct. (Day) Friday (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colord

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: april 19 1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 6 Days 9 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Marion Sta, md

12. CITIZEN OF WHAT COUNTRY? Maryland

13. FATHER'S NAME: George H Horsey

14. MOTHER'S MAIDEN NAME: Harriet E. Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Bertha Horsey - Marion - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2

Immediate cause (a) Myocarditis & acute Nephritis — INTERVAL BETWEEN ONSET AND DEATH about 2 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Oct. 24, 19 52, that I last saw the deceased alive on Oct. 24, 19 52, and that death occurred at 12:00 noon m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

George E. Cullison — Marion - Md — Oct. 25-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Oct. 26, 1952

NAME OF CEMETERY OR CREMATORY Library Cemetery

LOCATION (City, town, or county) (State) Marion - Somerset - Md

DATE REC'D BY LOCAL REG. Oct. 25-1952

REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS George W. Dulgkman — Marion, Md

RECEIVED
OCT 29 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rehobeth
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) MAE (Last) JONES				4. DATE OF DEATH: (Month) October (Day) 28 (Year) 1952	
5. SEX: female	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: Aug. 1, 1945	9. AGE last birthday: 7 yrs.	IF UNDER 1 YEAR Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---	10b. KIND OF BUSINESS OR INDUSTRY: ----	11. BIRTHPLACE (State or foreign country): Rehobeth-Somerset-Md.		12. CITIZEN OF WHAT COUNTRY? US.	
13. FATHER'S NAME: John Jones		14. MOTHER'S MAIDEN NAME: Martha Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: --	17. INFORMANT & ADDRESS: John Jones--Rehobeth, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
4221 Immediate cause	(a) Uremia - Acute Dil. of Heart -	3 days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c) Chronic Myocarditis - Chronic Int Nephritis	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Oct. 28, 1952, that I last saw the deceased alive on Oct. 28, 1952, and that death occurred at 12:30p. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Guy C. Cowherm M.D.	Marion - Md	Oct. 29, 1952

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF Oct. 30, 1952	NAME OF CEMETERY OR CREMATORY Larumsco Cemetery	LOCATION (City, town, or county) (State) Rehobeth, Md.
DATE REC'D BY LOCAL REC. Oct. 29-1952	REGISTRAR'S SIGNATURE Nellie D. Payne	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 26-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 3 Month 21 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md
STREET ADDRESS (If rural, give location) 334 Hampton Ave

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) (Last) Jordan Jr

4. DATE OF DEATH: (Month) 10 (Day) 17 (Year) 1952

5. SEX: male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-26-52

9. AGE last birthday: yrs. 3 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Princess Anne, Md

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Earl Jordan

14. MOTHER'S MAIDEN NAME: Lorain Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lorain Mullen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1952, to same, 19....., that I last saw the deceased alive on 10/17, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE Robert Calliott (DEGREE OR TITLE) M.D. ADDRESS Princess Anne DATE SIGNED 10/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-20-52 — NAME OF CEMETERY OR CREMATORY Mt Carmel — LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REG. 10 Oct 5-2 — REGISTRAR'S SIGNATURE R. S. Johnson, M.D.

24. FUNERAL DIRECTOR Wilbert H. Jones Jr. — ADDRESS Princess Anne, Md

4062273406

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
LENGTH OF STAY (In this place) minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old highway 13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) DALTON (Middle) F. (Last) JUSTICE
4. DATE OF DEATH (Month) Oct 12, (Day) 1952 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 3, 1918
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer
10b. KIND OF BUSINESS OR INDUSTRY Bus Line
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles F. Justice
14. MOTHER'S MAIDEN NAME Traynia Dutten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY No. 008 34-7760
17. INFORMANT AND ADDRESS Mrs. Traynia Justice, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

973.1 Immediate cause (a) Carbon monoxide poisoning —
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) attached water hose to exhaust pipe
(c) and run hose in car

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Death occurred about 6:00 A.m. October 12-52

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined*

SIGNATURE (Degree or title) ADDRESS Princess Anne, Md DATE SIGNED
[signature] M.D. Assistant Deputy Medical Examiner 10-15-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-15-52
NAME OF CEMETERY OR CREMATORY Salem ME Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. 10/15/52
REGISTRAR'S SIGNATURE [signature] M.D.
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:

COUNTY: Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

LENGTH OF STAY (in this place): lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

STREET ADDRESS (If rural, give location): Jacksonville Section

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
DORA	FRANCES	LAIRD	Oct.	24	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	Widowed	July 8, 1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	Domestic	Crisfield, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Dize	Alexzine Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
--	--	John W. Laird--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
600.0 Immediate cause	(a) Cerebral Hemorrhage	10 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral Arteriosclerosis	3 yrs.
DUE TO		
	(c) Pyelonephritis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 19[illegible], to Oct. 24, 19[illegible], that I last saw the deceased alive on Oct. 23, 19[illegible], and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Samuel M. Peyton	M.D.	Crisfield, Md.	10/25/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Oct. 26, 1952	Sunnyridge Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/25/52	Betty W. Tyler	Bradshaw Funeral Parlors-Crisfield	

RECEIVED
OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): 219 Walnut St.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) WHITTINGTON (Last) MILES

4. DATE OF DEATH: (Month) Oct (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 2, 1952

9. AGE Last birthday: No yrs. IF UNDER 1 YEAR Months 7 Days 12 IF UNDER 24 HRS. Hours , Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William S. Miles

14. MOTHER'S MAIDEN NAME: Norma Polk

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Myrtle Polk, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 Immediate cause (a) Virus Pneumonia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c) Congenital Heart Lesion

Interval Between Onset And Death: (a) 6 days (c) Since Birth

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blue Baby

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from From Birth, 19..., to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jerry C. Coulbourn MD ADDRESS Marion Sta. Md. DATE SIGNED 10-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-16-52 NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 16-1952 REGISTRAR'S SIGNATURE Birdie D. Payne

24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

2032242407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11859 Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shelltown
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shelltown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) LAWSON (Last) MISTER

4. DATE OF DEATH: (Month) October (Day) 25, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 13, 1870
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Mister
14. MOTHER'S MAIDEN NAME: Mary Evans

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Lona Lee Mister, Shelltown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

422.1 Immediate cause (a) Acute Dil of heart Uremia — 2 mos.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Int. Nephritis-Chronic Myocarditis — years
DUE TO
(c) General Arteriosclerosis — "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Oct. 25, 1952, that I last saw the deceased alive on Oct. 24, 1952, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) George G Trellum MD
ADDRESS Marion Station - Md
DATE SIGNED Oct. 25-1952

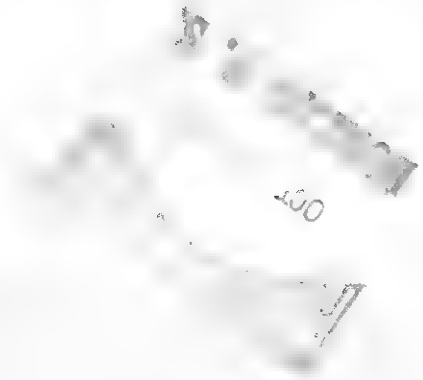
23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-27-52
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) (State) Rehoboth, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 25, 1952
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Princess Anne — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt Vernon

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Princess Anne
STREET ADDRESS (If rural, give location): Mt Vernon

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Eliza (Last) Simpkins

4. DATE OF DEATH (Month) Oct (Day) 4 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 1859
9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wesley Thomas
14. MOTHER'S MAIDEN NAME: Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Warren Gladden Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia — 5 dep

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Failure — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1952 to 10/3, 1952 that I last saw the deceased alive on 10/3, 1952 and that death occurred at 2:40A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jan. B. Whaley M.D. — ADDRESS: Princess Anne — DATE SIGNED: 10/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/5/1952 — NAME OF CEMETERY OR CREMATORY: Asbury Church Cemetery — LOCATION (City, town, or county): Mt Vernon — (State): Md.

DATE REC'D BY LOCAL REG.: 10/4/52 — REGISTRAR'S SIGNATURE: R. E. Johnson M.D. B.I. — 24. FUNERAL DIRECTOR: James L. Kinman — ADDRESS: Princess Anne Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

OCT 9 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne, Md
LENGTH OF STAY (In this place): 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RF #2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location): Rt #2

3. NAME OF DECEASED (Type or Print): (First) Sylvester (Middle) [illegible] (Last) Stockley

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1952

5. SEX: male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-8-1892

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Princess Anne, Md RF #2

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James H Stockley

14. MOTHER'S MAIDEN NAME: [illegible] Mollie Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | **(If yes, give war or dates of service)**

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Caroline Haywood Princess Anne, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Heart disease	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. | **PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY** | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at work ☐ Not while at work ☐ | **HOW DID INJURY OCCUR?**

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R.R. Johnson M.D. Resident Physician — **ADDRESS**: Princess Anne Md. — **DATE SIGNED**: 10-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF**: 11-2-52 — **NAME OF CEMETERY OR CREMATORY**: Cottage Grove — **LOCATION (City, town, or county) (State)**: Westover Md.

DATE REC'D BY LOCAL REG.: 10/31/52 — **REGISTRAR'S SIGNATURE**: R.R. Johnson, M.D. Jr. — **24. FUNERAL DIRECTOR**: Wilbur H James Jr — **ADDRESS**: Princess Anne Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D.
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Clifford (Middle) C. (Last) Thompson

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 19 52

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 28, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired tool making
10b. KIND OF BUSINESS OR INDUSTRY: tool making
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rance M. Thompson
14. MOTHER'S MAIDEN NAME: Sarah Flowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Sherwood Cox Westover, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 18 mths

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5th, 1952, to Oct 29, 1952, that I last saw the deceased alive on Oct 28, 1952, and that death occurred at 8:40 A.m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (DEGREE OR TITLE) Physician, ADDRESS Princess Anne, Md DATE SIGNED Nov 1 '52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF II-3-1952
NAME OF CEMETERY OR CREMATORY Glenwood Memorial Cemetery
LOCATION (City, town, or county) Bromall, Pa. (State)
DATE REC'D BY LOCAL REG. 11/2/52
REGISTRAR'S SIGNATURE R. H. Johnson M.D. Jr.
24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIS (Middle) F. (Last) TODD, JR.

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1952

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 29, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willis F. Todd
14. MOTHER'S MAIDEN NAME: Julia Anna Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Willis F. Todd--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
761.0 Immediate cause	(a) Cerebral hemorrhage	2 hrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Attempted delivery by forceps	
DUE TO		
	(c) Dystocia	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 29, 1952
19b. MAJOR FINDINGS OF OPERATION: Delivery by Caesarean Section after above
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1952, to Oct. 29, 1952, that I last saw the deceased alive on Oct. 29, 1952, and that death occurred at 9:51 a.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (DEGREE OR TITLE) M.D. ADDRESS Crisfield, Md DATE SIGNED Oct. 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF Oct. 30, 1952
NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

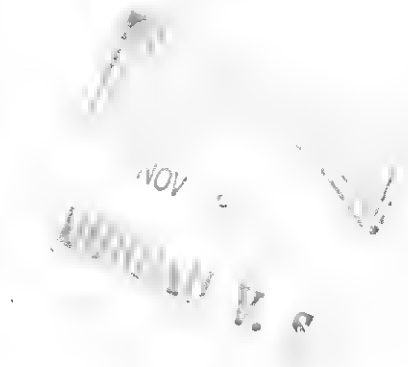
DATE REC'D BY LOCAL REG. 10/3[illegible]/52
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield ADDRESS

2002281408

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill — LENGTH OF STAY (in this place) 89 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uppers Hill

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Fredrick (Middle) L (Last) Waters

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	Widowed	oct 2 1863	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Opening oysters	C	Upper Hill somerset co Md	U S A

13. FATHER'S NAME: Jeren T. Waters

14. MOTHER'S MAIDEN NAME: Sarah Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs Minnie E Jones Uppers Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. senile psychosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			M.			

22. I hereby certify that I attended the deceased from 10/8, 1952, to 10/19, 1952, that I last saw the deceased alive on 10/19, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Robert Calvert	M.D.	Princess Anne, Md.	10/20/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 22 1952	Centennial	Fairmount somerset co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/21/52	R. H. Johnson, M.D. Jr.	Charles H. Wood	Marion Md.

1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1865

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Sta. — LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Sta., Md. Som. Co.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) (Last) White

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Oct. 10, 1906

9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months 11, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Seafood worker

11. BIRTHPLACE (State or foreign country): Deal Island, Som. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel James White

14. MOTHER'S MAIDEN NAME: Fannie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY No.: 213-05-8539

17. INFORMANT & ADDRESS: Sadie Johnson - Marion Sta., Md. Box 203

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
445X Immediate cause	(a) Cerebro Vascular Accident	?
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiac Decompensation	Several years
DUE TO		
	(c) Hypertensive Cardio-Vascular Disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none noted

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN) Marion Station, (COUNTY) Somerset, (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 19 52, to 10-4, 19 52, that I last saw the deceased alive on 10-3, 19 52, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Edward S. Dennis M.D. Crisfield, Md. 10-6-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 8, 1952	John Wesley, D	Deal Island, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 7, 1952	Nellie D. Payne	Charles H. Hood	Marion Sta., Md. Box 235,

RECEIVED
OCT 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11866

CERTIFICATE OF DEATH

Reg. Dist. No. 26-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston. Md
LENGTH OF STAY (In this place) Life Time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md
STREET ADDRESS (If rural, give location) Rt. # 3

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Winder

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 10 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 5 - 2 - 1871

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Somerset County md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Daniel Winder

14. MOTHER'S MAIDEN NAME: Louise Winder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Emma Wolford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
260X Immediate cause	(a) Chronic Myocarditis	4 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Diabetes Mellitus	5 Years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10 1951, to Oct 10, 1952, that I last saw the deceased alive on Oct 3 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Elder G. Mansoman Princess Anne Md Oct 11 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 10/12/52
NAME OF CEMETERY OR CREMATORY St Paul.
LOCATION (City, town, or county) (State) Mt Vernon Md

DATE REC'D BY LOCAL REG. 10/11/52
REGISTRAR'S SIGNATURE R. F. Johnson, M.D.

24. FUNERAL DIRECTOR William H. James Jr. Princess Anne Md ADDRESS

VS. A15. 8-51

RECEIVED
OCT 16 1952
BUREAU V. S.